

WASHINGTON STATE OFFICE OF PUBLIC DEFENSE PO Box 40957 Olympia WA 98504-0957

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INDIGENT DEFENSE FUND COST SUMMARY REQUEST

Request Date Date	te Cost Bill Due
Case #1	Fitle
CountySuperior Court #	

Person Requesting:	County
Email	Phone #
****	• • • • • • • • • • • • • • • • • • • •
Items Requested:	
Counsel Fee Paid to Date:	
Amount paid for VRP*:	
Amount paid for ProSe:	
Amount paid for Clerk's Papers:	
Amount paid for Brief copies:	
* For cases consolidated with one or more co-defendanthe total VRP Costs.	ts, the amount provided here reflects an even distribution of
be incurred	artial invoice has been received and additional expenses may

Completed by:	Date: